



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90027 003 \*\*\*\*61.25

<b>DOCUMENT # 743087</b> 1. Entity Name <b>WOODSTOCK PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2328 S CONGRESS AVE STE 2A W PALM BEACH, FL 33406</b>			Mailing Address <b>2328 S CONGRESS AVE STE 2A W PALM BEACH, FL 33406</b>		
2. Principal Place of Business - No P.O. Box # <b>2328 S. CONGRESS AVENUE</b>		3. Mailing Address <b>2328 S. CONGRESS AVENUE</b>			
Suite, Apt. #, etc. <b>SUITE 2A</b>		Suite, Apt. #, etc. <b>SUITE 2A</b>			
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>			
Zip <b>33406</b>		Country <b>USA</b>		4. FEI Number <b>59-2002434</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HILLEY &amp; WYANT-CORTEZ, P.A. 860 US HWY 1 STE 108 N PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MILLER, KHIA 1793 NORTH CONGRESS AVE WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KNOWLES, KATHY H 1737 NORTH CONGRESS AVE WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SINGLETON, LENITA 1789 NORTH CONGRESS AVE WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILSON, JAMES 1769 NORTH CONGRESS AVE WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, LINNELL 1378 9TH CT WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MILLER, KHIA 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KNOWLES, KATHY H 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OGILVIE, DUEN-NEE 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, JAMES 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERNARD, JEREMY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Secretary</b> <span style="float: right;"><b>4/3/07</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					